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# PUBLIC HEALTH REPORTS.

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## UNITED STATES.

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### THE CHOLERA SITUATION.

#### NEW YORK.

A death from cholera occurred July 23 at the New York quarantine station in the person of a passenger aged 14 years who had arrived on the steamship *Moltke*. The patient was taken sick while in detention at Hoffmann Island, July 14, and was removed on the same date to Swinburne Island, where he died.

On July 22 a case of cholera occurred in the person of a Spaniard who arrived on the steamship *Teodoro de Larrinaga*, July 2. The patient was taken sick July 19 in New York, where he had been ashore 15 days. The case was diagnosed while in Bellevue Hospital. The patient was removed to Swinburne Island. The steamship *Teodoro de Larrinaga* left Buenos Aires May 23 for Boston via Montevideo, Para, and St. Lucia. The vessel arrived at Boston June 29 and sailed June 30 for New York, arriving July 2.

The examinations so far made of detained passengers at Hoffmann Island show 7 cholera-bacillus carriers among persons examined.

*Summary.*—The summary of cases of cholera at New York from June 14 to July 24 is as follows:

Five cases sick at sea arrived at quarantine apparently well.

Four cases arrived at quarantine sick.

Fifteen cases developed at quarantine after arrival.

One case developed in Auburn, N. Y., in the person of an immigrant who had been detained in quarantine seven days and at Ellis Island one day. This case was not verified bacteriologically.

One case developed in Brooklyn in an immigrant who had been detained at quarantine seven days. Upon diagnosis this case was returned to quarantine.

One case developed on Staten Island in an employee who had previously been guarding the apparently well at quarantine. After falling ill he was returned to quarantine.

One case developed in New York in a Spaniard who had arrived on a steamship from South American and West Indian ports. This case likewise was taken to quarantine.

## BOSTON.

The following statement was issued July 23 by Dr. S. H. Durgin, chairman of the board of health of Boston:

It has been determined that the death of Mrs. M——, of North Square, Boston, which occurred July 20 at the quarantine station, Gallops Island, was caused by cholera. The case was more or less atypical and there has been considerable difficulty in recovering the germ of the disease from the cultures. The diagnosis was finally made possible by the receipt July 22 of a supply of anticholera serum from Washington, with which agglutination tests were made.

The children of the patient are still under observation at Gallops Island.

North Square and vicinity are being closely watched and no other cases have developed. It is believed that the prompt measures of disinfection and isolation taken upon the discovery of the case will prevent the occurrence of other cases. The investigations necessary to determine the source of infection are not as yet completed, so that no definite statement is possible.

## SPECIAL PROTECTIVE MEASURES.

July 15 to 22 Asst. Surg. Gen. L. E. Cofer was under detail to visit New York and Boston, with a view to the inauguration of the important measures set forth in Department Circular No. 47, July 19, 1911, published in Public Health Reports July 21, requiring bacteriological examination of every steerage passenger from a cholera-infected port or place.

Conferences were held between himself; Dr. Alvah H. Doty, health officer of the port; Dr. Ernst J. Lederle, commissioner of health; Dr. Hermann M. Biggs, general medical officer; and Mayor Gaynor, the result of the conference being that the municipal health authorities would render the necessary aid in the bacteriological examination of arriving immigrants at the port of New York.

Drs. Biggs and Cofer then proceeded to Albany, July 19, for a conference with the governor and the State department of health with the result that a staff of bacteriologists was sent from Albany to quarantine to aid in the said examinations.

Dr. Cofer then proceeded to Boston, where like arrangements were made with Dr. S. H. Durgin, chairman of the board of health, who announced a determination to put the provisions of the circular into effect and that he would furnish the necessary bacteriological force for doing so.

Conferences were also held in Boston July 20 with Dr. Eugene P. King, quarantine officer of the port of Providence, at which port vessels of a new line of steamships are expected to arrive from the Mediterranean, and an agreement was effected for like bacteriological examinations at that port.

On July 21 Dr. Cofer on his return stopped in New York and conferred with the agents of the steamship lines, and was instructed to urge upon them that they direct their agents in foreign ports to assist in the enforcement of the Treasury regulations provided for said ports, particularly at Naples and Palermo, and in the exclusion of foodstuffs and bottled water from the baggage of immigrants. Their attention was called to the absolute necessity of preventing the sale of such articles from bumboat men to the immigrants on the

July 28, 1911

vessels as they lie in the harbor before sailing, and it was suggested further that they advise their agents not to accept immigrants from infected ports or places for transportation to the United States in order to prevent congestion at the New York quarantine. The steamship agents agreed to cooperate to the extent of their ability, and have acted upon the suggestions made.

The bureau has as its representative in Boston Passed Asst. Surg. A. J. McLaughlin, recently acting director of public health in the Philippines and in charge of suppressive measures in the cholera epidemic in Manila in 1908. He is engaged in assisting Health Commissioner Durgin in the investigations regarding possible bacillus carriers, and is also detailed, under paragraph 149 of the United States Quarantine Regulations, as inspector of the local quarantine. Upon the arrival of any vessel at Providence, as it is but one hour's journey from Boston, he will exercise a like function at that quarantine station.

At New York Passed Asst. Surg. R. H. von Ezdorf, under like detail, is the representative of the service and Passed Asst. Surg. R. H. Creel is assisting in the bacteriological examinations.

At the present time Boston and New York are the sole ports of entry for the arrival of immigrants from the Mediterranean. Immigrants destined for Philadelphia arrive first at New York and subsequently are carried around by the same steamer to Philadelphia. The quarantine procedure in regard to these immigrants under the law must be carried out at the port of New York, which is the first port of entry, the vessel afterwards being coastwise.

It has been learned that at Baltimore no immigrants from Italy are being received; the same may be said of New Orleans and Galveston. The quarantine officers at these latter ports, however, have been specially cautioned to make careful examination of the crew of any vessel arriving from the cholera-infected ports.

#### **NOTIFICATION OF DESTINATION OF IMMIGRANTS.**

Instructions were issued July 20 by the Commissioner General of Immigration to commissioners at Boston, Ellis Island, N. Y., Philadelphia, Baltimore, and New Orleans, and the inspector in charge at Galveston, to have destination cards made out for all Italian arrivals whether coming from Italian ports or from other ports of Europe. The same instructions were made to apply to the subports of Portland, Me., and Providence, R. I.

#### **SURVEILLANCE OF IMMIGRANTS AT POINTS OF DESTINATION.**

Notwithstanding the precautions that are indicated above, State and local health authorities should exercise a surveillance over newly arrived Italian immigrants who have come within their State or local jurisdiction for the detection and examination of cases simulating cholera.

In the event cases of gastro-enteritis or diarrhea among such immigrants give rise to suspicion, the local health officer should notify his State board of health and the Surgeon General of the Public Health and Marine-Hospital Service, and if such action is deemed advisable an expert will be sent by the Public Health and Marine-Hospital Service, either for determination as to the diagnosis or assistance in the matter of preventive measures, or both.

Attention of State and local health authorities is called to the article entitled "Cholera; Its Nature, Detection, and Prevention," printed in the Public Health Reports of November 4, 1910. This article contains the most recent knowledge concerning the nature, detection, and prevention of cholera, and has been reprinted from the Public Health Reports and widely distributed, and will be sent to any physician on application.

#### Expert Aid.

To aid in the quick diagnosis and prompt suppressive measures, should a bacillus carrier be found, the service has stationed experts who are available for duty within a practical radius of their stations at the following-named ports: New York, Boston, Washington, D. C.; Chicago, San Francisco, New Orleans, and Savannah, Ga.

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### ANTIRABIC TREATMENTS.

#### INOCULATIONS AT THE HYGIENIC LABORATORY.

Passed Asst. Surg. Anderson, director of the Hygienic Laboratory, reports that during the fiscal year ended June 30, 1910, 128 persons exposed to infection with rabies applied for and commenced antirabic treatment at the laboratory. Of these 110 completed the treatment, 10 discontinued before completion, and 8 were still under treatment at the end of the year. Five patients who commenced treatment the previous year completed the treatment during this year.

Of the persons treated during the year, 88 per cent were exposed to infection by animals known by laboratory methods (Negri bodies, inoculation, or both) to be suffering from rabies. In 5 per cent the diagnosis of rabies was based on the symptoms only of the animals, while in the remaining 7 per cent the diagnosis was negative or doubtful.

No deaths from hydrophobia are known to have occurred in any of these patients, nor have there been any untoward results from the treatment.

The 128 persons referred to came from the following localities where the exposure occurred: Virginia, 29; Maryland, 20; West Virginia, 4; Panama Canal Zone, 1; District of Columbia, 74.

During the year 777 treatments were sent to State health officials on their request, as follows: Alabama, 270; California, 117; Delaware, 12; Iowa, 38; Illinois, 17; Kentucky, 4; North Carolina, 129; North Dakota, 5; Oregon, 2; Rhode Island, 1; South Carolina, 25; Virginia, 67; Wisconsin, 88; Washington, 2; total, 777.

In addition, 12 shipments of sufficient virus to commence treatment were sent to the Isthmian Canal Commission.

#### RESULTS FROM THE USE OF GLYCERINATED VIRUS.

Reports from State health officials who have used the virus from the Hygienic Laboratory are complete to December 31, 1910.

Combining the figures of their reports with those of persons treated at the laboratory, it is shown that from the beginning of the antirabic service, in April, 1908, until December 31, 1910, 1,414 persons had